Name in Full: Edward Barnes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Thomas — County: Dorchester

Date of death: Month: Apr — Day: 9 — 1904

Age: Years: 2 y — Months — Days

Sex: Male — Color or Race: White — Birthplace: Taylors Is. Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Jennie Barnes

Father's Name: Henry Lumbkin — Father's Birthplace:

Mother's Maiden Name: Emma Barnes — Mother's Birthplace:

Name of person giving Information: Jennie Barnes — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long:

Immediate: Catarrhal pneumonia — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Sickes

Address: R 7 D. 5 Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Beckwith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Connersville — County: Dorchester

Date of death 1904 — Month: Apr — Day: 22 — Age: Years ~~Days~~ Months: 8 hours

Sex: Male — Color or Race: white — Birthplace: Connersville

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Levin Beckwith — Father's Birthplace: Connersville

Mother's Maiden Name: Ada Moore — Mother's Birthplace: "

Name of person giving Information: S A Stokes — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: R 75 #5 Cambridge

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: William Bennett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: James — County: Dorchester

Date of death: Month: Apr — Day: 18 — 1907

Age: Years: ± — Months: 1 — Days: 19

Sex: Male

Color or Race: White

Birthplace: James Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Howard P Bennett

Father's Birthplace: Thomas Md

Mother's Maiden Name: M. M. Marshall

Mother's Birthplace: Hudson

Name of person giving information: Frank Philips

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: marasmus — How long: since birth

Immediate: Anaemia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J A Stokes

Address: R 7 Box 5 - Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Georgeanna M Brandel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore — County: Baltimore

Date of death 1904 — Month: April — Day: 10 — Years: Age 19 — Months: 3 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Clarence Murphy

Father's Name: Thomas Brandel — Father's Birthplace: Baltimore

Mother's Maiden Name: Dora Brandel — Mother's Birthplace: "

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: This was a case of ~~con~~ Abortion — How long:

Immediate: cond in 8 days Septicemia set in — How long: a few hrs ~~days~~

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Thomas Scott M.D.

Address: 1 Mayfield Ave Balto Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Sarah Francis Campen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: April — Day: 13 — Age — Years: 9 — Months: 10 — Days: 11

Sex: Female — Color or Race: Black — Birthplace: Cambridge

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Edward Campen — Father's Birthplace: Md

Mother's Maiden Name: Annie Dixon — Mother's Birthplace: Md

Name of person giving Imformation: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long:

Immediate: Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E E Wolff M.D.

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Clark

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: April. — Day: 24 — Age: Years: 54 — Months: 1 — Days: 4

Sex: Male — Color or Race: Black — Birthplace: Dor. Co. Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of ~~Wife~~ or Husband: Annie Fillen

Father's Name: Desmond Clark — Father's Birthplace: Dor. Co. Md

Mother's Maiden Name: Margaret Clark — Mother's Birthplace: Dor Co Md

Name of person giving information: Archie Clark — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 1 year

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Guy Steele

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Carrie Fitchew

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Knights Town — Dorchester County

Date of death 1904 — Month April — Day 28 — Age: Years 14 — Months — Days

Sex Female — Color or Race White — Birthplace Knights

Occupation — Where Residing if not at place of death

~~Married~~, Single or Widowed — Name of Wife or Husband

Father's Name Joseph Fitchew — Father's Birthplace Goldsboro

Mother's Maiden Name Manda Dean — Mother's Birthplace Knights

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia — How long 12 days

Immediate Asthenia — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H Clemons

Address Knights Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: David Harmon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Drawbridge; County: Dorchester

Date of death: Month: April; Day: 30; 1904

Age: Years: 27; Months: —; Days: —

Sex: Male

Color or Race: Afro-American

Birthplace: Worcester Co.

Occupation: Laborer

Where Residing if not at place of death: —

Married, ~~Single or Widowed~~: —

Name of Wife ~~or Husband~~: — Harman

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving In formation: James Parker

How related to deceased: Father in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 4 months

Immediate: Pulmonary tuberculosis — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Supposed to be correct

Signature of Physician: R. J. Price

Address: Vienna, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Elizabeth Jane Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek — County: Dorchester

Date of death 1904 — Month: April — Day: 22nd — Age: Years 38 — Months — Days

Sex: Female — Color or Race: Col — Birthplace: Dor. Co. Md

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Robert Hughes Sr.

Father's Name: William Shehorn — Father's Birthplace: Dor. Co. Md

Mother's Maiden Name: Jane Harris — Mother's Birthplace: " " "

Name of person giving Imformation: Jane Harris — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: about 11 days I am informed

Immediate: Don't Know — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Williams M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

James Jews, Jr.

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: Apr. Day: 9 | Age Y.: 1 M.: 8 D.: 4 | Native of: Md | Occupation: —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife —

Father's Name James Jews | Mother's Maiden Name Willie Jackson

Cause of Death: Primary: Cerebro-Spinal Fever — How long sick: Don't Know

Immediate: Convulsions — ~~Accident, Suicide, Homicide~~

Reported by Wilbur A. Drake, M. D.

Address Cambridge, Dorchester, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Fred Kruger Jr. ✓

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Linkwood; County: Dorchester

Date of death: Month: 4; Day: 29; 1904

Age: Years: 15; Months: 1; Days:

Sex: Male; Color or Race: White; Birthplace: Balto. Md

Occupation: Child; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Fred Kruger; Father's Birthplace:

Mother's Maiden Name: Mary Hart; Mother's Birthplace:

Name of person giving Imformation: Fred. Kruger Jr.; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Wolff M. D.

Address: Cambridge, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Alice Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fishing Creek — County: Dorchester

Date of death 1904 — Month: April — Day: 3rd — Age — Years: 49 — Months: 4 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Dorchester Co.

Married, Single or Widowed: Married — Occupation: Housewife.

Name of Wife or Husband: Samuel M. Lewis Sr.

Father's Name: Nathan T. Vaughan — Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Susan E. Parker — Mother's Birthplace: Dorchester Co.

Name of person giving Information: Samuel M. Lewis Jr. — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Parenchymatous Nephritis — How long: (?) 8 months or over.

Immediate: Anuria. Uraemia — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W.H. Houston M.D.

Address: Fishing Creek Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Noah Meekins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Taylor's Island — County: Dorchester

Date of death 1904 — Month: April — Day: 2 — Age: Years — Months: 7 — Days:

Sex: Male — Color or Race: African — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Noah Meekins — Father's Birthplace: Md

Mother's Maiden Name: Mary Eliz. Thompson — Mother's Birthplace: Md

Name of person giving Information: Mary E. Meekins — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 4 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Co. T. Shrive, Jr

Address: Taylor's Island. Md.

Accident or Suicide: —

LIBRARY BUREAU A08016

Name in Full: Henry T. Mendick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge — County: Dorchester

Date of death 1904: Month: April — Day: 25 — Age: ~~48~~ Years — Months: 4 — Days: 4

Sex: Male — Color or Race: white — Birthplace: Dorchester Co

Occupation: Oysterman — Where Residing if not at place of death: Taddleville Md

Married, Single or Widowed: widowed — Name of Wife or Husband: —

Father's Name: ~~[illegible]~~ Amos Mendick — Father's Birthplace: Md

Mother's Maiden Name: ~~[illegible]~~ Mary Minter — Mother's Birthplace:

Name of person giving Information: Married life long friend — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Typhoid — How long: 3 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician: J. Thos. Wood

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Winfield Meredith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Wingates (Town) — Dorchester (County)

Date of death: 1904 — April — 26

Age: Years 45 — Months — Days

Sex: Male

Color or Race: White

Birthplace: Todville

Occupation: Oysterman

Where Residing if not at place of death: Todville

Married, Single or Widowed: Married

Name of Wife or Husband: Ida Moore

Father's Name: Amos Meredith

Father's Birthplace: Maryland

Mother's Maiden Name: Mary Mister

Mother's Birthplace:

Name of person giving Imformation: Grant Meredith

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 16 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H Clemmans

Address:

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Madison — County: Dorchester

Date of death 1904: Month: Apl — Day: 1st — Years: Age 0 — Months: 0 — Days: 13

Sex: Female — Color or Race: White (?) — Birthplace: Dor. Co Md.

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Infant — Name of Wife or Husband: Infant

Father's Name: William Gladstone Moore — Father's Birthplace: Dor Co Md.

Mother's Maiden Name: Mary Martina Moore — Mother's Birthplace: Dor Co Md.

Name of person giving Information: William Gladstone Moore — How related to deceased: Father (?)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Probably some affection of premature development — How long: 13 days

Immediate: Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? Probably

If not, what (?) to be considered

Accident or Suicide?

Signature of Physician: R. L. Smithsonian M.D.

Address: Church Creek, Md.

LIBRARY BUREAU A69816

Name in Full: Georgia M. M. Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bishop's Head; County: Dorchester

Date of death 1904: Month: April; Day: 11th; Age: Years: 18; Months: 4; Days: 9

Sex: Female; Color or Race: White; Birthplace: Dorchester

Married, Single or Widowed: married; Occupation: Housewife

Name of Wife or Husband: Clarence D. Morris

Father's Name: Levi T. Brambla; Father's Birthplace: Dorchester

Mother's Maiden Name: Medora C. Murphy; Mother's Birthplace: Dorchester

Name of person giving information: Clarence D. Morris; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Uterine infection during Labor; How long:

Immediate: Puerperal Septicemia, Exhaustion; How long: 8 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston M.D.

Address: Fishing Creek Md.

~~Accidental Suicide~~

LIBRARY BUREAU A88316

Name in Full: Rebecca Parker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Vienna — County: Dorchester

Date of death: Month: April — Day: 26th — Years: Age 60 — Months — Days —

Sex: Female — Color or Race: Black — Birthplace: Vienna

Occupation: Housekeeper — Where Residing if not at place of death: at place of death

~~Married, Single~~ or Widowed: Widowed — Name of Wife or Husband:

Father's Name: Dubon Baltimore — Father's Birthplace: Vienna

Mother's Maiden Name: not known — Mother's Birthplace:

Name of person giving Information: Geo Johnson — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Parenchymatous Nephritis — How long: three months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Walter R Elliott MD

Address: Vienna Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Roseanne Parker

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Drawbridge (County) Dorchester

Date of death 1904 (Month) April (Day) 29

Age (Years) 70 (Months) — (Days) —

Sex: Female

Color or Race: Afro American

Birthplace: Don't Know

Occupation: Housekeeper

Where Residing if not at place of death: Drawbridge

~~Married, Single or~~ Widowed

Name of ~~Wife or~~ Husband: Don't Know

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving information: Ed. Parker

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 4 months

Immediate: Nervous prostration — How long: One month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. J. Price

Address: Vienna, Maryland.

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Ida F. Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Jakesville; County: Worchester

Date of death 1904: Month: April; Day: 12; Age: Years 30; Months 5; Days 7

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Home

Name of ~~Wife~~ or Husband: Solomon J. Smith

Father's Name: John H. Boyce; Father's Birthplace: Md

Mother's Maiden Name: Mary L. Wells; Mother's Birthplace: New York

Name of person giving information: Mary L Boyce; How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 4 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. J Jones

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A23218

In Full

Certificate of Death

Columbus Hicks Thomas

Died at Town Drawbridge District, County Dorchester MARYLAND

Date 19 04 Month Apr. Day 12 | Age Y. 55 M. — D. — | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living None

Husband ~~Wife~~ of Emma Thomas

Father's Name Don't Know | Mother's Maiden Name Julia Thomas

Cause of Death: Primary — Phthisis Pulmonalis — How long sick about 2 years.

Immediate — Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Wilbur A. Drake, M. D.

Address Drawbridge, Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna — County: Dorchester

Date of death: 1904 — Month: April — Day: 11th — Age: Years: 90 — Months: — — Days: —

Sex: Female — Color or Race: Caucasian — Birthplace: Worcester Co.

Occupation: None — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

~~Married, Single~~ or Widowed — Name of ~~Wife or~~ Husband: Don't Know

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving information: Wm. Mills — How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: Several years

Immediate: Nervous prostration — How long: Several years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. J. Price

Address: Vienna, Maryland.

Accident or Suicide?

LIBRARY MUHEAJ A66816

Name in Full: Mildred E Wilcox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thomas; County: Dorchester

Date of death: 1904; Month: Apr; Day: 12; Age: Years; Months: 3; Days: 6

Sex: Female; Color or Race: White; Birthplace: Thomas

Occupation; Where Residing if not at place of death

Married, Single or Widowed; Name or Wife or Husband

Father's Name: Steven O Wilcox Jr.; Father's Birthplace: Michigan

Mother's Maiden Name: Mabel M Warfield; Mother's Birthplace: Thomas. Md

Name of person giving information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrhal pneumonia; How long: 3 days

Immediate; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes M.D.

Address: Cambridge Md R 7 b # 5

Accident or Suicide?

LIBRARY BUREAU A88518

Name In Full — Certificate of Death

Elizabeth. S. Wright

Died at Town: Port Kennedy County: Dorchester MARYLAND

Date 1904 Month: apr Day: 13 | Age Y. 73 M. 5 D. 19 | Native of md | Occupation wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband of Wife: J. H. Wright

Father's Name: Samuel L. Croft Mother's Maiden Name: Elizabeth. Sligh.

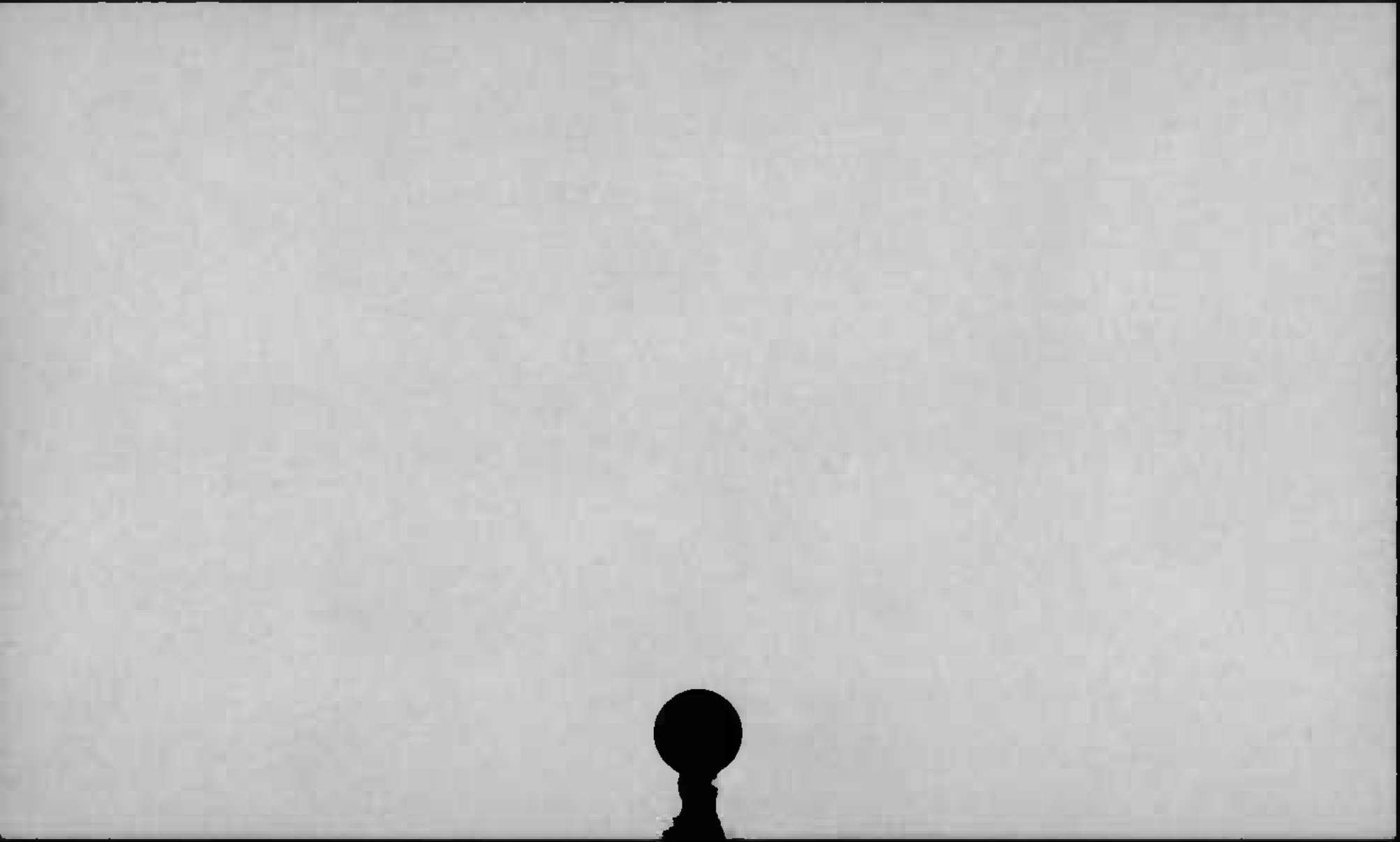
Cause of Death — Primary: Cancer How long sick: 5 weeks

Immediate: Heart Failure

Accident, ~~Suicide, Homicide~~

Reported by: Victor. V. Mitch.

Address: Port Kennedy. md.

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

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